

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2020**
16

FILED JAN 28 1952

BIRTH NO. _____ REG. DIST. NO. **209** PRIMARY REG. DIST. NO. **3043** Registrar's No. **16**

1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Lincoln	
b. CITY (If outside corporate limits, write RURAL and give township) Hannibal		c. CITY (If outside corporate limits, write RURAL and give township) Eolia 1570	
c. LENGTH OF STAY (In this place) 1/20/52		d. STREET ADDRESS (If rural, give location) 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION Levering Hosp			

3. NAME OF DECEASED (Type or Print) Walter Sisson			4. DATE OF DEATH (Month) (Day) (Year) January 23, 1952		
a. (First)		b. (Middle)		c. (Last)	

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH September 17, 1872	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months 4	IF UNDER 1 YEAR Days 6	IF UNDER 24 HRS. Hours 0	IF UNDER 24 HRS. Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) Eolia Missouri		12. CITIZEN OF WHAT COUNTRY? U S A	

13a. FATHER'S NAME Oscar B. Sisson		13b. MOTHER'S MAIDEN NAME Addie Miller		14. NAME OF HUSBAND OR WIFE None	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. J. L. Robinson		ADDRESS 526 Riverside Hannibal	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, athenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH 4 days 3 mo
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial Pneumonia			
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Senile dementia DUE TO (c) Age			
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.				

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 491X		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **Jan. 20, 1952** to **Jan 23, 1952** that I last saw the deceased alive on **Jan 23, 1952**, and that death occurred at **2:15 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE H. B. Hartman		(Degree or title)		23b. ADDRESS Hannibal Mo		23c. DATE SIGNED 1-24-52	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan. 25, 1952		24c. NAME OF CEMETERY OR CREMATORY Prairieville		24d. LOCATION (City, town, or county) (State) Lincoln County Missouri	
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DATE REC'D BY LOCAL REG. Jan 24 1952		REGISTRAR'S SIGNATURE H. E. Fisher		FUNERAL DIRECTOR'S SIGNATURE W. Crawford Smith		ADDRESS Hannibal Mo	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

644

RECEIVED JAN 25 1952
MARION CO. HEALTH DEPT.
DATE FILED JAN 25 1952

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

John S. Spauld

Licensed Embalmer No. 4540

P. O. Address Hannibal Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.